

You will need to call VALIC to obtain a form: (800) 448-2542

Complete the form and deliver it to the Dept. of Higher Education address below). The DHE will authorize the transfer and send the form directly to VALIC on your behalf.

Refer to the Sample Form and the instructions **below** to fill out the form.

NOTE: VALIC has different forms for their Portfolio Director Annuity and their RSVP Mutual Funds. This Sample and Instructions is for the RSVP Mutual Funds Transfer Out Form

Instructions

Section 1

- Complete the top section with your personal information.
 - "Group #" is: **GA23300** "Plan #" is: **001**
- You can include your full Social Security No. if you send the form to us either:
 - via regular mail or a deliver service (address below)
 - via our secure fax: (617) 994-6951

Section 2

- Select "Transfer to a Like Plan"
- Mark "401(a)/403(a)"
- Go to "Option B" at the bottom of the page and enter your Account Numbers (you may need to add a line for a fourth account number)

Sections 3 & 4

Not Applicable

Section 5

- Enter the name of your new Provider
- Enter the Account No. at your new Provider
- Enter the new Provider's "Payee" and mailing address
 - Fidelity: FIIOC (payee): PO BOX 770002 Cincinnati, OH 45277-0090
 - TIAA: TIAA (payee): P.O. Box 1268 Charlotte, NC 28201-1268

Sections 6 & 7

Not Applicable

Section 8

Sign and date the form

DELIVER THE FORM TO THE DEPARTMENT OF HIGHER EDUCATION

- 1. Secure Fax: 617-994-6951
- 2. Postal or other delivery service:

VALIC Form
MA Dept. of Higher Education
11 Beacon St. Room 625
Boston, MA 02108

Mutual Fund Rollover/Transfer Out Form All Plan Types Except 403(b): Non-ERISA

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VALIC Retirement Services Company (VRSCO)

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Mutual Fund Rollover/Transfer Out Form All Plan Types Except 403(b): Non-ERISA

Original Form Required for Processing

VALIC Retirement Services Company (VRSCO)

3. R	ROLLOVER DISTRIBUTION REASON This sec	tion is required if you checke	a Rollovel Distribution above	,						
4	01(a)/(k) or governmental 457(b) Deferred Compe	ensation Plans (see Information	pages):							
	Separation from Service as of	(date) due to: T	ermination Early Retirement	□ Normal Retirement						
	In-service Withdrawal of available funds other th	an hardship.								
	Permanent/Total Disability as of	(date). Attach Docto	or's Statement or Social Security	Administration Documentation.						
0	Other Distributions:									
	☐ Spousal Beneficiary ☐ Qualified Domestic Relation	ons Order (QDRO) Payment	Non-spousal Beneficiary – Availa	able for Beneficiary IRA Rollover Only						
4. S	SPECIAL INSTRUCTIONS									
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Mutual Fund Rollover/Transfer Out Form All Plan Types Except 403(b): Non-ERISA

Original Form Required for Processing

VALIC Retirement Services Company (VRSCO)

CLIENT APPROVAL AND SIGNATURE GUARANTEE

- I authorize the above rollover/transfer and certify that all statements, including marital statements, are complete and accurate to the best of my knowledge and belief.
- · I certify that the payee is eligible to accept this rollover/transfer on my behalf.
- · I have read and understand the Special Tax Notice in the Information pages.
- I have read and understood the "Qualified Joint and Survivor Annuity and Qualified Annuity Benefit" section in the Information pages. By signing below I am agreeing to waive any benefit or right described in that section that would have been provided with respect to the amount that I am withdrawing. I also understand that I have the right revoke any waiver if a distribution has not already been made.

 You may contact VALIC at 1-800-448-2542 to obtain information about your current contract, including but not limited to your current death benefit, cash surrender value, and the amount of any outstanding loan and the impact of a withdrawal. If additional information is required, please contact me by e-mail. My e-mail address is: Client Signature Date Client (Print Name) For requests of \$25,000 or more, either a Signature Guarantee (section 8) or your VALIC Financial Advisor's signature (section 9) is required. Signature Guarantee (if applicable Signature Guarantee: · You may obtain a signature guarantee from an eligible guarantor including a bank, broker-dealer, municipal securities dealer, government securities broker, credit union (if authorized under state law), national securities exchange, registered securities association, clearing agency or savings association. · The Guarantor should be informed of the approximate amount of the distribution and must affix a stamp in the box to the right. · A notarization by a notary public is not acceptable. 9. FINANCIAL ADVISOR OR DEALER/LICENSED AGENT INFORMATION AND SIGNATURES To be completed by your VALIC Financial Advisor or transferring Broker-Dealer Agent. Broker-Dealer (Print Name): Branch Office Address: _____ State: __ Licensed Agent/Registered Representative (Print Name): Phone: () Agent #: Location/Region: State License #: Licensed Agent's/Registered Representative's Signature Date For processing, please mail this form to: If overnight delivery: VALIC Retirement Services Company VALIC Document Control P.O. Box 15648 1050 N. Western St. Amarillo, TX 79105-5648 Amarillo, TX 79106-7011 Questions about this form may be directed to 1-800-448-2542, Monday through Friday, 7 a.m. - 8 p.m. Central Time. VALIC represents The Variable Annuity Life Insurance Company and its subsidiaries VALIC Financial Advisors, Inc. and VALIC Retirement Services Company.

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